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Country programme document

Côte d'Ivoire

Summary

The country programme document (CPD) for Côte d'Ivoire is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $41,868,000 from regular resources, subject to the availability of funds, and $98,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

* E/ICEF/2016/13.

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Programme rationale

1. The country programme has been developed at a time of economic and social transformation in Côte d'Ivoire. With average gross domestic growth of 8 to 10 per cent since 2012, the country expects to be an emerging economy by 2020, a vision that is reflected in the National Development Plan (NDP) 2016-2020. Three of the five axes of the NDP are relevant to children: improved quality of governance and public institutions; human capital development and promotion of social well-being; and sustainable environmental development. After 10 years of political and military unrest, Côte d'Ivoire is repositioning itself on the African and international scene.

2. Poverty levels decreased from 49 per cent in 2008 to 46 per cent in 2015. However, regional disparities still remain: children in the north, north-west and west of the country are more likely to be deprived in terms of education, health, nutrition and living standards. Only 1 of 10 children (12 per cent) is not exposed to any deprivation. More than one of five children (22 per cent) suffer from at least four deprivations. Urbanization is increasing, with 51 per cent of the population now living in urban areas (Census 2014).

3. More than one half of the population is under age 19 years: adolescents represent 24 per cent of the total population and their number is projected to grow by 2 per cent per year in the next three decades. Only by increasing investments in health, education, inclusive social policies and economic transformation will the country be able to effectively manage its demographic transition.

4. Weak social accountability and limited citizen participation in public decisions characterize Côte d'Ivoire, coupled with low levels of decentralization. A National Strategy on Social Protection was developed in 2013, although only 10 per cent of households benefit from social insurance.

5. The under-five mortality rate has declined, from 125 per 1,000 live births in 2005 to 108 in 2012. Today, 9 of every 100 children die before their fifth birthday, with this risk doubled in the north and north-west. Malaria, acute respiratory infections and diarrhoeal diseases are the leading causes of child mortality. The maternal mortality ratio is 614 per 100,000 live births. Bottlenecks include weak primary health and community-based health care, poor sanitation and frequent unavailability of medicines, vaccines and supplies.

6. Nationally, 29 per cent of children were stunted in 2012 (40 per cent in the north). The contributing factors are low rates of exclusive breastfeeding (12 per cent), poor young child feeding practices, inadequate water, sanitation and hygiene (WASH) practices and women's weak nutritional status.

7. Approximately 80 per cent of Ivoirians have access to an improved water source and 22 per cent to improved sanitation facilities. Only one in three schools have water or latrines, affecting girls' retention in school. The open defecation rate is high at 28 per cent. Integration of WASH in other sectors is necessary to improve child survival and development. Although HIV prevalence decreased from 4.7 per cent in 2005 to 3.7 per cent in 2012, Côte d'Ivoire has one of the highest rates in West Africa. The antiretroviral therapy (ART) coverage gap for children under age 15 years is high, with only 16 per cent of eligible children receiving ART. The prevalence among youth aged 15-24 years is 1.3 per cent and recent analysis confirms the feminization of HIV infection (girls 2.2 per cent, boys 0.3 per cent).

8. Côte d'Ivoire has made significant steps towards improving education: in 2015, education was made compulsory for all children aged 6-16 years. Yet, 2 million children and adolescents aged 6-15 years are out of school (52.6 per cent are girls). Significant regional disparities exist with the north, north-west and west having the highest rates of school exclusion. School completion rates are low, at 63.9 per cent for primary and 36 per cent for lower secondary education. Barriers include parental perception about school readiness, the poor quality of education, lower social status of girls, negative school climate, exposure to conflict and high education costs linked to family poverty.

9. Violence against children is widespread and tolerated in households and institutions: 87 per cent of children aged 2-14 years are victims of emotional violence and 21 per cent are victims of severe corporal punishment. Victims do not disclose abuse, and very little is done to address social norms and practices to prevent and respond to violence. A National Child Protection Policy has been created, but its implementation has been timid and judiciary reforms likewise were initiated but not fully operationalized.

10. Recent studies show that 1.4 million children aged 5-17 years are engaged in child labour, half of them in agriculture. Access to identity is another important issue. According to the 2012 Demographic and Health Survey (DHS), 35 per cent of children are not registered at birth, particularly in the north, west and south-west. Bottlenecks include low awareness among the population, poor access to services, regular breakdowns at registries and the lack of a functional integrated approach to birth registration.

11. The private sector has made significant investments in sustainability and corporate social responsibility, underlining the importance of engaging with the private sector for advocacy on child rights, including implementation of the Children's Rights and Business Principles and influencing their contribution to obtaining results for children in several programme areas.

12. Key lessons from the past country programme include: the importance of focusing on broad national policies, reforms and policy implementation; improving sectoral integration and coordination; better targeting of the most disadvantaged children; strengthening support to local planning, management and monitoring capacities; and increasing emphasis on community engagement and empowerment.

Programme priorities and partnerships

13. In the framework of the NDP 2016-2020, the country programme will support the Government to identify and overcome key bottlenecks that impede realization of children's rights. It will directly contribute to two outcomes of the United Nations Development Assistance Framework (UNDAF): (a) enhancing good governance and social cohesion; and (b) human capital development with a focus on equity and increasing access by the population, especially the most vulnerable, to basic social services and social protection. Close collaboration, geographic convergence and joint programmes with United Nations agencies are planned in the areas of maternal and child health, nutrition, girls' education, HIV/AIDS and adolescent health, and birth registration.

14. Five mutually reinforcing strategies will be prioritized: (a) generating data and evidence to inform policy on children; (b) enhancing subnational institutional capacities for planning, delivery, monitoring and evaluation of basic social services; (c) communication around children's issues to reach the largest number of people, using mass media, social media and youth partnerships; (d) using innovation and communication to increase demand

for social services and promote safe family practices; and (e) expanding partnerships with civil society organizations and the private sector.

15. All UNICEF programming will incorporate actions to enhance conflict-sensitivity, peacebuilding and emergency preparedness and response. A gender lens will be applied throughout all programming, with a special focus on advancing girls' education and promoting gender-responsive adolescent health in line with the UNICEF Gender Action Plan, 2014-2017.

16. The programme will operate nationwide in terms of advocacy for an enabling environment and for appropriate child-sensitive policies. It will also support national programmes such as immunization and will contribute to the development, monitoring and evaluation of the sectoral plans in nutrition, health, education, HIV/AIDS and child protection. At the operational level, all programme components will focus on the regions and districts with the highest disparities and worst child development indicators (north-west, north-east and south-west) and those that are prone to conflict in the west. The programme will prioritize specific programme areas on the most vulnerable urban families in Abidjan.

17. The country programme will be implemented through the following five programme components.

Child survival and development

18. This programme, with subcomponents for nutrition, health and WASH, will contribute to ensuring the survival and optimal development of each child. As part of the global effort to reduce stunting, the nutrition subcomponent will help to ensure that adolescent girls, pregnant and lactating women and children under five years of age utilize nutrition services offering high-impact interventions and promoting optimal nutrition behaviours. UNICEF will provide necessary evidence, build a robust nutrition information system, leverage partnerships and resources and support implementation of the nutrition strategic plan. UNICEF will advocate for a regulatory nutrition framework, especially on marketing of breast-milk substitutes. At the operational level, UNICEF will improve delivery of high-impact health and nutrition interventions in the deprived regions of the north, north-west, west and south-west and in poor neighbourhoods of Abidjan. Knowledge of caregivers on essential nutrition practices will be reinforced. UNICEF will work with the National Nutrition Council, the Ministries of Health and of Education, key United Nations agencies, the World Bank, the African Development Bank, civil society and other partners.

19. As part of the 2016-2020 National Health Development Plan, the health subcomponent will ensure that pregnant women, newborns, children and adolescents utilize health services offering high-impact interventions, respectful and quality care and promoting healthy behaviours. Support will be provided to the analysis of barriers to health services and the development of necessary strategies, including a newborn action plan and improving the quality of prenatal care. To address low immunization levels, UNICEF will build capacities to support nationwide immunization and other child health services, especially at the community level. Support will include training, improved supervision, planning and development of implementation strategies.

20. The WASH subcomponent will help to ensure that children, adolescents and women, including the most disadvantaged and vulnerable, use equitable and sustainable WASH services. UNICEF will focus on creating a favourable environment for WASH through advocacy, policy dialogue and technical support for the development of national strategies

and standards. To address the weak WASH services in deprived regions, UNICEF will contribute to the development of accessible, sustainable and innovative WASH services within targeted communities in the northwest, southwest and west and in some precarious neighbourhoods in Abidjan. UNICEF will provide support for sustainable management of WASH services at the local level. Special attention will be given to promoting the use of safe water to reduce neonatal, and ultimately newborn and child mortality. A holistic communication strategy on hygiene and sanitation will be implemented.

Early childhood development and basic education

21. As a contribution to the 10-year Education Sector Plan and the newly adopted law on compulsory education for all children aged 6-16 years, the early childhood development (ECD) and basic education programme will help to ensure that children aged 3-16 years, especially girls from the most disadvantaged regions, have increased and equitable access to quality ECD and basic education services. UNICEF will promote an intersectoral approach to ECD, support relevant ministries to develop a national policy for integrated ECD and secure funding for its operationalization in the north, west and south-west regions. UNICEF will advocate for an integrated package of ECD services (including the first 1,000 days of life) and will reinforce institutional capacities to operationalize interministerial coordination. Building on past work in peacebuilding and social cohesion in conflict-affected areas, UNICEF will work on increasing community engagement, especially of mothers' groups, in ECD. Synergies will be established with the child survival component, especially in nutrition and health. Collaboration will be sought with the French Development Agency (*Agence Française pour le Développement* (AFD)) World Bank, World Food Programme (WFP) and Bernard Van Leer foundation to mobilize additional resources to scale up ECD programmes and to improve the quality of education, including in emergency situations.

22. To address the significant gender disparities in education, UNICEF will help to address the bottlenecks impeding girls' education, notably safety and security concerns, opportunity costs of education, and gender-insensitive school environments, focusing on the north-west and south-west where girls' enrolment is low, in partnership with AFD, United Nations agencies and the World Bank.

23. UNICEF will address the reintegration of children and adolescents who were excluded from school, by supporting the scaling-up of accelerated learning programmes to permit them to catch up. For those who are unable to re-enter formal schooling, UNICEF will advocate for the expansion of vocational skills development programmes. To enhance the quality of education, UNICEF will support the integration of child-friendly school standards in teacher training curricula and the development of life-skills-based programmes, while advocating for improved of learning conditions and promoting equitable relations between boys and girls. Based on the lessons learned from its 'learning for peace' programme, UNICEF will collaborate with the Government and non-governmental organizations (NGOs) to reinforce mechanisms to reduce conflict and disaster risk in schools and communities, while empowering youth for peace and sustainable development. To reinforce monitoring systems and increase accountability, UNICEF will continue to support the decentralization of the Education Management Information System.

Child protection

24. The programme will focus on: (a) access of children and adolescents, especially girls, to prevention and specialized protection services; and (b) promotion of birth registration. UNICEF will continue to focus on strengthening systems to prevent and respond to violence, abuse and exploitation of children in line with the National Child Protection Policy. Key strategies include promoting legislative and policy reform in alignment with the Convention on the Rights of the Child, advocating for coordination and building capacity for service delivery to the most-at-risk and vulnerable children. Collaboration will be carried out with concerned sectoral ministries and local authorities and in partnership with AFD, the European Union (EU) and NGOs.

25. Persistent attitudes and behaviours that perpetuate violence against children in schools, especially girls, will be tackled through the Ministry of Education's 'end violence in school' initiative, with a focus on data collection about the incidence of violence, reform of teacher training curricula and implementation of the code of conduct.

26. UNICEF will collaborate with relevant ministries to support implementation of the child protection system in 10 districts in Abidjan, the north-west, west, north-east and the south-west regions. In addition to the National Monitoring Committee on the Worst Forms of Child Labour, partners include the AFD, EU, the United Nations Population Fund (UNFPA), the United States Centers for Disease Control and Prevention and President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank and private sector associations such as the International Cacao Initiative and Jacob Foundation.

27. With the aim of ensuring legal protection and the right to identity for every child, UNICEF will promote birth registration through a three-pronged strategy: (a) policy dialogue and building partnerships; (b) national interventions in support of coordination, planning, standardization of services, monitoring and strengthening knowledge and evidence; and (c) decentralized interventions in targeted districts with very low birth registration rates to stimulate demand for birth registration and strengthen the civil registry service. Work will be carried out with the Ministry of Interior, the Ministry of Health and key bilateral and multilateral partners notably the World Bank, African Union, EU and the African Development Bank.

HIV/AIDS and adolescents

28. Aligned with the National HIV Strategic Plan (2016-2020), the programme will ensure that women, children and adolescents, especially the most vulnerable, use equitable and quality services of prevention, care and treatment for HIV and sexually transmitted infections (STIs) and promote healthy behaviour. To build a favourable environment, UNICEF will provide support to national and regional authorities to enable them to better coordinate and develop evidence-based national policies and strategies.

29. To address bottlenecks related to the lack of appropriate community interventions, weak demand for services and to retain and track HIV-positive cases, UNICEF will support health structures and civil society in three high-burden regions to provide equitable and quality paediatric and adolescent HIV services as well as services for prevention of mother-to-child transmission of HIV (PMTCT), through innovative case-finding. PEPFAR will guarantee the necessary training, drugs and supplies, and UNICEF will advocate for greater access to ART and inclusion of PMTCT and paediatric HIV care in health facilities. UNICEF will also support community-level interventions to retain HIV-positive patients in the health system and organize outreach on issues related to antenatal care and HIV/AIDS.

30. To increase access of adolescents, especially girls, to health services related to HIV/STIs and teenage pregnancy and to increase knowledge about those risks, UNICEF will build the capacity of health services to address prevention of HIV/STIs and teenage pregnancy in three regions (central-north, south-west and Abidjan city). UNICEF will support demand creation through communication and outreach activities, using mobile technology to raise awareness of adolescents. UNICEF will support the introduction of the U-Report model and work on developing a comprehensive behaviour change communication strategy, including the integration of comprehensive life-skills education into school curricula.

31. Key partners in implementing this programme component will include the Ministries of Health, Youth, Child Protection and Education and the Joint United Nations Programme on HIV/AIDS, UNFPA, the World Health Organization, the Global Fund to Fights AIDS, Tuberculosis and Malaria, PEPFAR and civil society organizations.

Social inclusion

32. The programme will work to identify, monitor and generate evidence on the most vulnerable, build social protection systems and programmes as a mean of reducing poverty in all its dimensions, and support decentralization and public finances for children. It will support effective implementation of a cash transfer programme to reduce income poverty and remove financial barriers for the poorest to access basic social services. Technical and political dialogue on public expenditure will be strengthened to achieve better allocation and use of public resources for social sectors, both at central and decentralize levels. A high-level dialogue will be maintained on national policies, quality and equity of public expenditures, inclusive growth and governance. The work will be undertaken in partnership with the Ministries of Labour and Social Affairs, Education, and Health, the World Bank, and United Nations agencies.

Programme effectiveness

33. The programme will consolidate actions to support programme results and effectiveness, strengthening cohesion, accountability and cross-programme integration through planning, programme monitoring, partner assurance and accountability in the context of Delivering as One. Multisectoral coordination will be promoted to ensure provision of essential packages such as those related to ECD, girls' education, adolescent health, social protection and other cross-sectoral themes such as stunting, gender, convergence and innovation that will underpin the new programme.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	9 856	42 140	51 996
Early childhood development and basic education	7 182	21 560	28 742
Child protection	4 372	11 760	16 132
HIV/AIDS and adolescents	4 371	9 800	14 171

Social inclusion	3 242	2 940	6 182
Programme effectiveness	12 845	9 800	22 645
Total	**41 868**	**98 000**	**139 868**

Programme and risk management

34. The country programme is coordinated by the Ministry of Planning and Development and is consistent with the priorities of the NDP 2016-2020, UNDAF, the African Union 2063 Agenda and the Sustainable Development Goals, notably enhancing good governance and social cohesion and increasing equity and access by the population, especially the most vulnerable, to basic social services and social protection.

35. Conflict and insecurity in the west, dwindling financial resources and the limited capacity of implementing partners are the main vulnerabilities identified. To mitigate these risks, UNICEF will regularly assess and monitor the situation. The harmonized approach to cash transfers, in use since 2014, will be further strengthened to reduce and manage risks.

36. UNICEF will continue to operate with a country office in Abidjan and field office in Man. The latter is essential because of the poor child-related indicators and frequent communal violence and the importance of continued work on social cohesion. A joint United Nations field office in the north, the region with the poorest child-related indicators, will enhance planning, implementation and monitoring of decentralized interventions. Both field offices will enhance convergence and joint United Nations programming and enable early warning about potential situation changes.

37. In the light of the Government's aspiration to become an emerging country by 2020 and the changing funding landscape, UNICEF will shift towards more upstream work, influencing and leveraging existing resources through strategic partnerships. Engagement with the private cocoa sector in the context of corporate social responsibility actions will be strengthened.

38. This CPD outlines the UNICEF contribution to national results and serves as the instrument of accountability to the Executive Board for the planned results and resources allocated to the country. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

39. The four-year integrated monitoring and evaluation plan, complemented by a costed evaluation plan, will define all priority monitoring, research and evaluation activities. Four key evaluations will be conducted, of: (a) immunization services; (b) the WASH programme; (c) the child-friendly schools programme; and (d) birth registration.

40. The programme will employ monitoring and evaluation at three levels. At the first level, it will measure its performance by monitoring inputs and outputs. Benchmarks will be established in line with those adopted by the country office for monitoring of the programme management indicators that are assessed on a monthly basis.

41. At the second level, UNICEF will work with other United Nations agencies to strengthen data collection systems in health, education, child protection and WASH at the national and decentralized levels. These data will make it possible to measure progress on programme outcomes and monitor the reduction of barriers and bottlenecks hindering access to services. A knowledge, attitudes and practices survey on demand for basic services will be conducted in regions where downstream interventions are undertaken.

42. At the third level, to assess the overall effect of the contributions of partners, including UNICEF, a Multiple Indicator Cluster Survey will be conducted in 2019; it will also support preparations for the next NDP and the post-2020 UNICEF programme.

43. Midyear and annual reviews of the UNICEF programme will be used to consolidate inputs for UNDAF monitoring and reporting. An in-depth second-year annual review will serve to make necessary programme and strategy adjustments. Joint programme monitoring visits at subnational levels with government authorities and other partners will be initiated to verify and discuss progress on results achieved.

44. Support will also be provided through the development of the Global DevInfo Initiative to assess progress on the NDP and the UNDAF. To enhance its equity-focused programming, UNICEF will monitor the reduction of bottlenecks to access to quality services in the northern regions, which have the poorest child development indicators.

Annex

Results and resources framework

Côte d'Ivoire – UNICEF country programme of cooperation, 2017-2020[1]

Convention on the Rights of the Child: Articles 4, 6, 7, 8, 9-10, 12, 13, 16, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 31, 32, 35-37, 39-40 **National priorities: National Development Plan** Strategic Result 1. Strengthening of the quality of institutions and governance in all its forms; Strategic Result 2. Acceleration of human capital development and promotion of well-being
UNDAF outcomes involving UNICEF: 1. By 2020, the national institutes implement public policies that strengthen governance and social cohesion in order to reduce inequalities. 2. By 2020, the most vulnerable populations benefit in an equitable manner of quality basic social services and social protection. **Outcome indicators:** Proportion of health centres offering essential nutrition services; proportion of children aged 6 to 59 months treated for malnutrition; proportion of women of childbearing age aware of good nutrition practices; proportion of children aged 0-11 months receiving three doses of pentavalent vaccine; rate of prenatal consultations; Number of villages eliminating open defecation; number of new households having access to an improved water point; number of new health centres and schools equipped with WASH infrastructure Gender parity index at schools in intervention zone; completion rate at primary school; completion rate at first cycle of secondary school; Percentage of seropositive pregnant women receiving ARV treatment; Number of children and women victims of physical violence receiving an adequate treatment; percentage of social welfare structures capable to provide prevention and response services to women and children victims of violence; Number of functional civil registration services in intervention zones; Percentage of vulnerable households benefiting from social safety nets.
Related UNICEF Strategic Plan outcomes: 1. Health; 4. Nutrition; 3. WASH; 5. Education 2. HIV/AIDS; 6. Child protection; 7. Social inclusion

[1] All baselines and targets are national-level indicators unless otherwise specified.

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Child survival and development Outcome 1: By 2020, adolescent girls, pregnant and lactating women, and children under five utilize quality nutrition services offering high impact interventions and promoting optimal nutrition behaviours	1.1: Percentage of children 6-59 months receiving biannual vitamin A Baseline: 71% (2015) Target: 90%	Campaign report/MICS	By 2019, Government has the capacity to operationalize a multisectoral coordination and monitoring system for the implementation of the nutrition strategic plan at central and decentralized levels By 2019, government offices at ministry levels, involved in the nutrition sector, have the tools to scale up specific nutritional interventions and essential regulations and directives are available By 2020, health districts in targeted regions and areas of Abidjan have the capacity to offer specific high impact nutritional interventions to adolescents girls, pregnant and lactating women and children under five including in humanitarian situations. By 2020, adolescent girls, mothers, caregivers and communities have knowledge on essential nutrition practices including in humanitarian situations	National Nutrition Council, Ministries of Health (MOH), of Agriculture, of Social Protection, of Family, of Education, NGOs, civil society, communities, United Nations agencies, donors, AfdB, AFD, World Bank, universities and private sector	9 856	42 140	51 996
	1.2: Children 0-5 months old who are exclusively breastfed Baseline: 12% (2012) Target: 50%	MICS					
	1.3: Children 6-23 months provided with minimum acceptable diet Baseline: 5% (2012) Target: 25%	MICS					
	1.4: Percentage of stunting in children aged 6-59 months Baseline: 29% (2012) Target: 20%	MICS					
	1.5: Percentage of children 6-59 months affected by severe acute malnutrition who are discharged as recovered whether or not supported by UNICEF Baseline: N/A Target: 75% (Annual)	Routine Information System					
Outcome 2: By 2020, pregnant women, newborn, children and adolescents utilize health services offering both high impact interventions	2.1: Proportion of births attended by skilled health personnel Baseline: 59% (2012) Target: 85%	MICS	By 2020, policies, laws, budget and decrees adopted are favourable for scaling up of health interventions at national level. By 2020, the health system has the	MOH, NGOs, communities, UNFPA, WHO, Global Fund, GAVI, AFD, World Bank			
	2.2: Percentage of children <	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and respectful and quality care and promoting healthy behaviours	1 year receiving three doses of pentavalent vaccine at national level Baseline: 67% (2014) Target: 90%		capacity to support the nationwide provision of immunization and essential high-impact maternal, newborn, child and adolescent health. By 2020, health facilities in four regions and precarious areas in Abidjan have the capacities to deliver essential high-impact interventions for maternal, newborn, child and adolescent health interventions and respectful and quality care By 2018, communities and households in disadvantaged areas in four regions and precarious areas in Abidjan, have appropriate knowledge on key family practices for maternal, newborn and child health				
	2.3: Percentage of children aged 0-59 months who had fever in the last two weeks who received anti-malarial drugs Baseline: 18% (2012) Target: 80%	MICS					
	2.4: Percentage of children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider Baseline: 29% (2012) Target: 80%						
	2.5: Percentage of children aged 0-59 months with diarrhoea receiving oral rehydration salts and zinc Baseline: 36% (2012) Target: 80%						
Outcome 3: By end 2020, women, adolescents and children including the most vulnerable utilize equitable and sustainable WASH services in rural areas in times of stability and crisis	3.1: Percentage of rural population that practice open defecation Baseline: 51% Target: 40%	MICS	By 2019, the ministries involved in the WASH sector, equip themselves with an appropriate legislative framework. By 2020, ministries of the WASH, education, health sectors, targeted local authorities have increased national capacity for coordination,	Sectoral ministries concerned; WASH sectoral group; EU; Government of the Netherlands			
	3.2: Percentage of population using an improved water source for drinking water in rural area	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Baseline: 67% Target: 70%		planning and monitoring in times of stability and crisis By 2020, communities in targeted regions know the risks of poor WASH practices (open defecation, unsafe water, and lack of handwashing) and the proper techniques and critical moments for improved hygiene behaviours. By 2020, the capacities of public and private sector increased to deliver equitable, sustainable and affordable WASH services to communities in targeted regions				
	3.3: Percentage of rural household with handwashing with soap and water Baseline: 12% Target: 22%	MICS					
Early childhood development and education Outcome 4: By 2020, children aged 3 to 16, especially girls from the most disadvantaged regions, have increased and equitable access to quality early childhood development and gender responsive basic education services	4.1: Gross enrolment ratio in pre-primary education Baseline: 2015 Total: 7.4%; Females:7.6% Males: 7.1%; Gender Parity Index (GPI): 1.07 Target: Total: 11%; Females: 11% Males: 11%; GPI: 1	Routine Information System	By 2018, a national policy for integrated early childhood development is operational and facilitates the provision of quality and inclusive ECD services. By 2019, families and communities have adequate knowledge of the impact of school exclusion, and are aware of and agree with the advantages of education, especially for girls By 2020, regional directorates of education provide quality formal education and vocational training opportunities for out of school children from the north, west and south-west regions. By 2020, regional directorates of	Ministries of Education; of Vocational Training, of Social Affairs, of Planning and Development; AFD; World Bank; United Nations agencies; National Statistics Institute; National School of Statistics and Applied Economics; West and Central African Education Research Network	7 182	21 560	28 742
	4.2. Completion rate Baseline: Primary Total: 63.9%; Females:58.8%; Males: 68.5%; GPI: 0.85 Lower secondary Total: 36%; Females:30.5% Males: 41.2%; GPI: 0.78	Routine Information System					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: Primary Total: 94.2 %; Females: 94.2%; Males: 94.2%; GPI: 1 Lower secondary Total: 50%; Females:50%; Males: 50%; GPI: 1		education and public school personnel use the knowledge, tools and resources to monitor and sustain education quality standards in the north, west and south-west regions. By 2020, the centralized and decentralized education authorities have the required knowledge and tools to implement and monitor the compulsory education policy and the education sector plan, including in terms of equity, gender and conflict/disaster risk reduction.				
	4.3. Number of primary/lower secondary school-age children out of school and related gender parity index (GPI) Baseline: 2015 Primary Total: 1,123, 674 Females:581,692 Males: 541,982; GPI: 1.07 Lower secondary Total: 756,636; Females: 449,286; Males: 307,350 GPI: 1.46 Target: Primary Total: 561,837 Females:280,919 Males: 280,918 GPI: 1 Lower secondary Total: 378,318 Females:204,292 Males: 174,026 GPI: 1.17	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	4.4: Gross intake rate to grade one of lower secondary education (boys/girls) Baseline: 46.2%/60.9% Target: 55%/65%						
HIV/AIDS and adolescents Outcome 5: By 2020 women, children and adolescent, especially the most vulnerable, use equitable and quality HIV services	5.1: Percentage of pregnant women living with HIV who are receiving ART to reduce mother-to-child transmission Baseline: 80% Target: 95%	Routine Information System	National and regional authorities are able to develop policy and strategies on HIV and adolescents. Health facilities in target regions provide quality PMTCT, paediatric and adolescent HIV services. Adolescents' health services can provide a continuum of services for prevention of HIV, STIs and teenage pregnancy. Adolescents in target regions acquire life skills and sexual education.	Ministries of Health, of Youth, of Education; United Nations Agencies; PEPFAR; National NGOs	4 371	9 800	14 171
	5.2: Percentage of children aged 0-19 years living with HIV that are receiving ART (disaggregated by sex) 0-15 years Baseline: 16% Target: 45% 15-19 years Baseline: 32% Target: 60%	Routine Information System					
	5.3: Female adolescents 15-19 years with knowledge about HIV and AIDS Baseline: 21% Target: 50%	MICS					
Child protection Outcome 6: By 2020, children and adolescents, especially girls, have access to appropriate and sustainable child protection services in a	6.1: Percentage of adults who consider corporal punishment at school acceptable Baseline: 33% Target: 25%	KAP survey	By 2020, national and regional institutions are able to plan, budget, coordinate, and monitor child protection interventions By 2020, school authorities are able to prevent, detect, and refer for care children victims of	Sectoral ministries concerned, United Nations agencies AFD, EU, PEPFAR, NGOs	4 372	11 760	16 132
	6.2: Percentage of girls 15-19 victims of sexual violence and seeking assistance	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
favourable social environment	Baseline: 34% Target: 50%		violence and exploitation By 2020, child protection services in target regions are able to prevent, detect, refer and care for children victims of violence and exploitation By 2020, communities in target regions can better protect children from violence and abuse				
	6.3: Percentage of adult and children stating they are comfortable seeking help from appropriate service providers Baseline: TBD Target: Increased by 5%	KAP survey					
	6.4: Percentage of children in contact with justice (as author, victim or witness in proceedings) who benefited from legal aid services representation Baseline: TBD Target: Increased by 10%	Administrative data					
Outcome 7: By 2020 parents declare their children at birth within the legal deadline	7.1: Proportion of new births registered within 3 months in targeted regions Baseline: 55% Target: 80%	Routine Information System	By 2020, government authorities can coordinate, plan and monitor implementation of civil registration By 2020, civil registry services in target regions are able to register declared births By 2020, communities in target regions understand procedures for birth registration	Sectoral ministries concerned, United Nations agencies, AFD, EU, AfDB, NGOs			
	7.2: Proportion of children under 5 registered Baseline: 65% Target: 75%	MICS					

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Social inclusion Outcome 8: By 2020, children of poor and vulnerable households benefit from social protection interventions	8.1 Per cent of children under 5 covered by government cash transfer programmes Baseline: 0 Target: 10%	Routine Information System	By 2020, social welfare services understand better vulnerability of households and can better implement social protection By 2020, Government has necessary evidence to allocate more resources for child-focused services By 2020, households covered by cash transfer programmes understand importance of utilizing basic services	Ministries of Planning, of Social Affairs; World Bank, AfDB, WFP, civil society	3 242	2 940	6 182
	8.2. Government budget allocations to sectoral policies and programs as percentage of total government budget allocations Baseline: 34% (2013 pro-poor spending) Target: 40%	Evaluation report					
Programme effectiveness Outcome 9: Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results	9.1: Percentage of programme outputs achieved Baseline: 0% Target: at least 80%	Evaluation report	UNICEF staff and partners are provided guidance and tools to effectively design and manage programmes, for effective communication and advocacy on children, and communication for development	Government partners, civil society, United Nations agencies, bilateral and multilateral partners	12 845	9 800	22 645
Total resources					**41 868**	**98 000**	**139 868**